

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Michael Burgess for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 1140

City	State	Zip Code
Memphis	TN	38101-1140

Purpose of Disbursement
Express Shipping

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2015

Amount of Each Disbursement this Period

21.33

Transaction ID : B-S-982

[MEMO ITEM]Subitemization of Campaign Financial
Services(06/08/15)**B. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2015

Amount of Each Disbursement this Period

2050

Transaction ID : B-S-980

[MEMO ITEM]Subitemization of Campaign Financial
Services(06/08/15)**c. Campaign Financial Services**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
General Office Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2015

Amount of Each Disbursement this Period

125

Transaction ID : B-S-981

[MEMO ITEM]Subitemization of Campaign Financial
Services(06/08/15)**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
